MLN Connects™

National Provider Call

End-Stage Renal Disease Quality Incentive Program

Payment Year 2017 and Payment Year 2018 Final Rule

January 21, 2015

CMS
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Presenters

- **Jim Poyer**, MS, MBA
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  Division of Value, Incentives, and Quality Reporting
- **Tamyra Garcia,** MPH
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  Division of Value, Incentives, and Quality Reporting
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  Measure Development Lead for ESRD
  Division of Chronic and Post-Acute Care
- **Brenda Gentles**, RN, BS, MS, CGPM
  ESRD QIP Communications Lead
  Division of ESRD Population and Community Health

Agenda

To provide an overview of the final rule for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) for Payment Year (PY) 2017 and PY 2018

This National Provider Call (NPC) will discuss:

- ESRD QIP Legislative Framework
- Measures, Standards, Scoring, and Payment Reduction Scale for PY 2017 and PY 2018
- Available Resources

Introduction

Presenter:

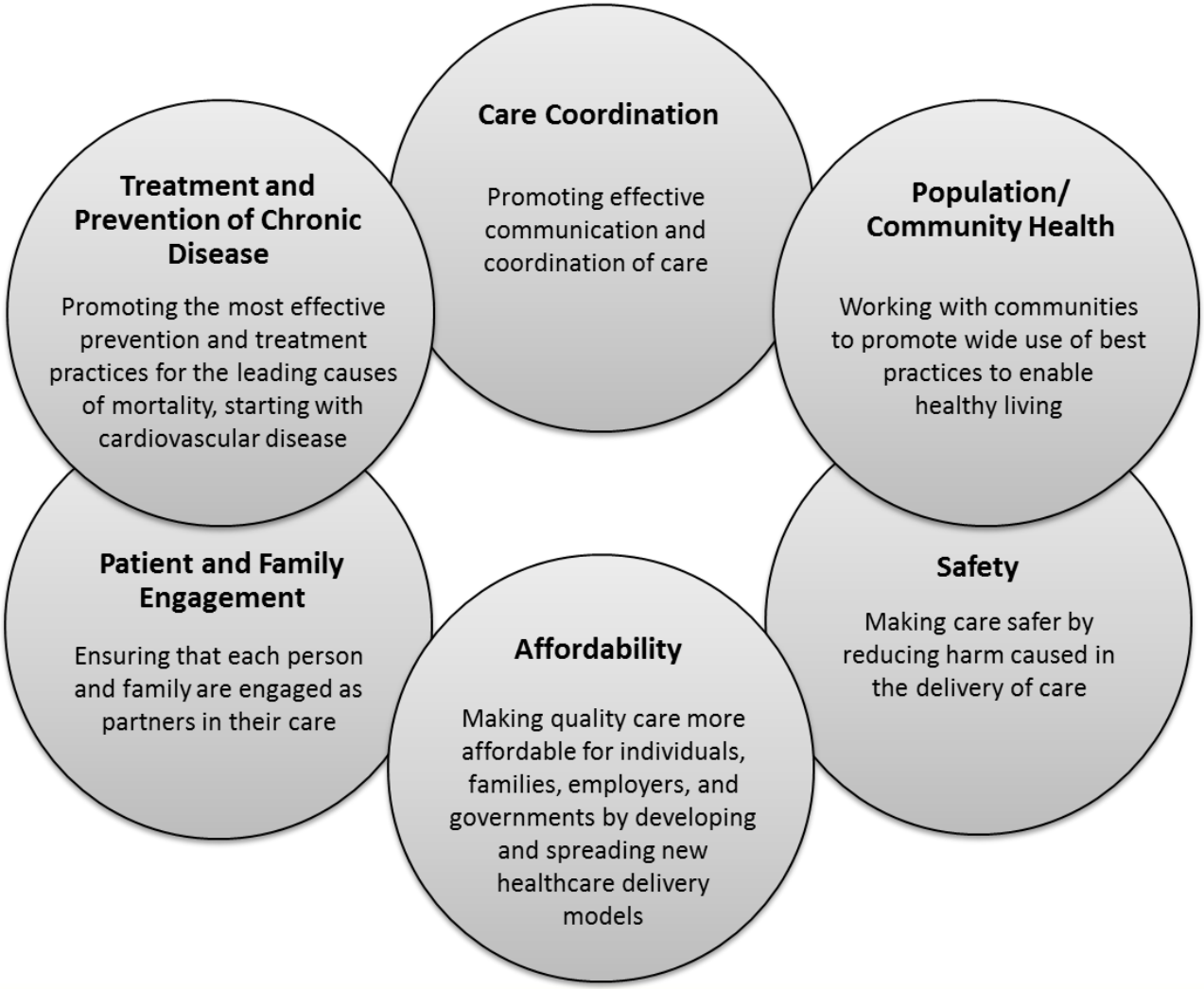
Jim Poyer

CMS Objectives for Value-Based Purchasing

- **Identify and require reporting** of evidence-based measures that promote the adoption of best practice clinical care
- **Advance transparency of performance** across all sites of care to drive improvement and facilitate patient decision-making around quality
- **Implement and continually refine payment models** that drive high standards of achievement and improvement in the quality of healthcare provided
- **Stimulate the meaningful use of information technology** to improve care coordination, decision support, and availability of quality improvement data
- **Refine measurements and incentives** to achieve healthcare equity, to eliminate healthcare disparities, and to address/reduce unintended consequences

- **Paying for quality healthcare is no longer the payment system of the future; it's the payment system of today.**
- **The ESRD QIP is the leading edge of payment reform and can serve as an example to the healthcare system.**

Six Domains of Quality Measurement Based on the National Quality Strategy



ESRD QIP Overview

Presenter:

Tamyra Garcia

ESRD QIP Legislative Drivers

The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- **Program intent**: Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care
- **Section 1881(h)**:
  - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
  - Allows payment reductions of up to 2%

Overview of MIPPA Section 153(c)

Under MIPPA, the ESRD QIP is required to:

- **Select measures**
- **Establish performance standards** that apply to individual measures
- **Specify the performance period** for a given PY
- **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period
- **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores
- **Publicly report results** through websites and facility posting of performance score certificates (PSC)

ESRD QIP Rulemaking

- **ESRD QIP issues proposed rule via Notice of Proposed Rulemaking (NPRM)**
  - Reflects various what-if analyses to determine financial impacts on facilities
  - Measure selections are ideally evidence-based and promote the adoption of best practice clinical care
  - CMS clearance and legal review by the Office of the General Counsel (OGC)
  - Office of Management and Budget (OMB) review for financial impacts
- **60-day period for public comment**
- **Final Rule passes through HHS internal clearance process**
- **Both are published in the *Federal Register***

Scoring Facility Performance

Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), and CROWNWeb

Release estimated scores and payment reduction in a Preview Performance Score Report (PSR) to facilities

Conduct 30-day Preview Period for facility review of calculations and inquiries

Adjust scores where required; submit payment reductions to Center for Medicare (CM)

Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)

Impact of the Comment Period

- **CMS received 46 public comments about elements in the proposed rule**
- **Changes to the PY 2017 – PY 2018 rule:**
  - Did not finalize proposal to incorporate the Adjusted Ranking Metric when calculating performance rates for the NHSN BSI clinical measure
  - Scoring methodology for Pain and Depression reporting measures revised to allow awarding of partial credit
  - Did not finalize the Reporting Measure Adjuster scoring methodology
  - Patients must be treated at least seven times in a month (an increase from two times) in order to be eligible for the Hemodialysis Adequacy measures
  - Case minimum of 11 applied to Anemia Management and Mineral Metabolism reporting measures

PY 2017 Final Clinical Measures and Scoring

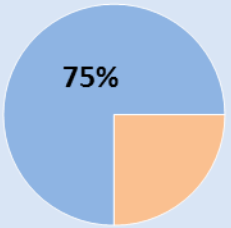
Presenter:

Joel Andress

PY 2017 Final Measures: Overview

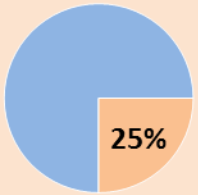
Clinical Measures – 75% of Total Performance Score (TPS)

1. Vascular Access Type Measure Topic – Arteriovenous Fistula
2. Vascular Access Type Measure Topic – Catheter ≥ 90 days
3. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
4. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
6. Hypercalcemia
7. NHSN Bloodstream Infection
8. ★ Standardized Readmission Ratio



Reporting Measures – 25% of TPS

1. ICH CAHPS Patient Satisfaction Survey
2. Mineral Metabolism
3. Anemia Management



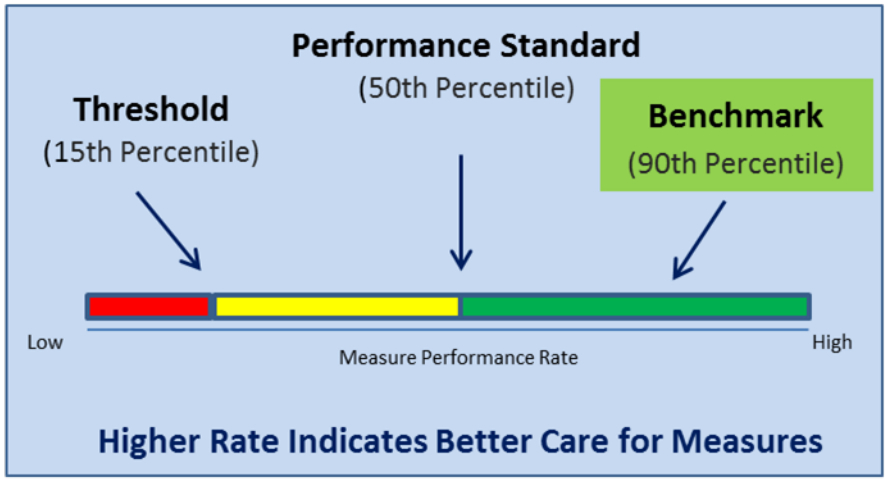
★ **new measure for PY 2017**

Clinical Measures in Relation to PY 2016

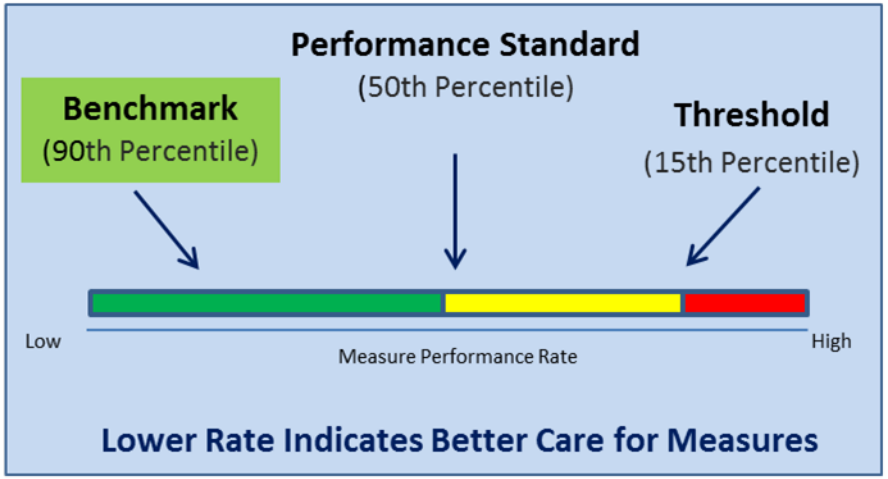
- **Measures Unchanged from PY 2016 Final Rule**:
  - Kt/V Adult Peritoneal Dialysis Adequacy measure
  - Both measures of Vascular Access Type (VAT) measure topic
  - Hypercalcemia
- **Removal of Hemoglobin > 12 g/dL** as a "topped-out" measure
- **New Standardized Readmission Ratio (SRR) measure:** Risk-adjusted standardized hospital readmission ratio of the number of observed unplanned readmissions to the number of expected unplanned readmissions

Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – Fistula



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR



Clinical Measures: Key Scoring Terms

Term	Definition
Achievement Threshold	The 15th percentile of performance rates nationally during calendar year (CY) 2013
Benchmark	The 90th percentile of performance rates nationally during CY 2013
Improvement Threshold	The facility's performance rate during CY 2014
Performance Period	CY 2015
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2013
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2015) with the performance of **all facilities nationally** during the comparison period (**CY 2013**)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points

Improvement Score: Points awarded by comparing the facility's rate during the performance period (CY 2015) with **its previous performance** during the comparison period (**CY 2014**)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points

Clinical Measure Scoring Exception

National Healthcare Safety Network (NHSN) Bloodstream Infection

- Uses CY 2014 as the comparison period for achievement and improvement scoring alike
- Facilities with CMS Certification Number (CCN) open dates after January 1, 2015, are excluded

Finalized PY 2017 Achievement Thresholds, Benchmarks, and Performance Standards

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
Vascular Access Type Measure Topic			
• Arteriovenous Fistula (AVF)	52.42%	78.56%	64.46%
• Catheter	18.36%	3.23%	9.92%
Kt/V Dialysis Adequacy Measure Topic			
• Adult Hemodialysis	91.08%	99.35%	96.89%
• Adult Peritoneal Dialysis	70.19%	95.20%	87.10%
• Pediatric Hemodialysis	84.15%	99.06%	94.44%
Hypercalcemia	4.78%	0%	1.30%
NHSN Bloodstream Infection*	15th percentile	90th percentile	50th percentile
Standardized Readmission Ratio	1.261	0.648	0.998

* The achievement threshold, benchmark, and performance standard for the NHSN Bloodstream Infection measure will be set at the 15th, 90th, and 50th percentile, respectively, of eligible facilities' performance in CY 2014.

PY 2017 Reporting Measures and Scoring

Presenter:

Tamyra Garcia

Reporting Measures in Relation to PY 2016

- **Modification for All Reporting Measures:** Remove attestation option regarding ineligibility due to number of patients treated
- **Case minimum of 11 for Anemia Management and Mineral Metabolism Reporting Measures**
- **Eligibility Modification for In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey**
  - At least 30 patients treated during the year prior to the performance period; and
  - Obtain at least 30 completed surveys during the performance period

Reporting Measure Scoring

- Mineral Metabolism and Anemia Management
  - Formula for calculating the score:

$$\left[\frac{(\#\text{ months successfully reporting data})}{(\#\text{ eligible months})} \times 12 \right] - 2$$

- ICH CAHPS Survey
  - 10 points for satisfying performance requirements

PY 2017 Methods for Calculating the TPS and Determining Payment Reductions

Presenter:

Tamyra Garcia

Calculating the Facility Total Performance Score

- **Weighting of Clinical Measures**:
  - Each clinical measure or measure topic for which a facility receives a score is equally weighted to comprise 75% of the TPS
  - Exception: Hypercalcemia has two-thirds of the weight of the remaining clinical measures
- **Weighting of Reporting Measures**:
  - Each reporting measure for which a facility receives a score is equally weighted to comprise 25% of the TPS
- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Minimum TPS

The minimum TPS was calculated by scoring:

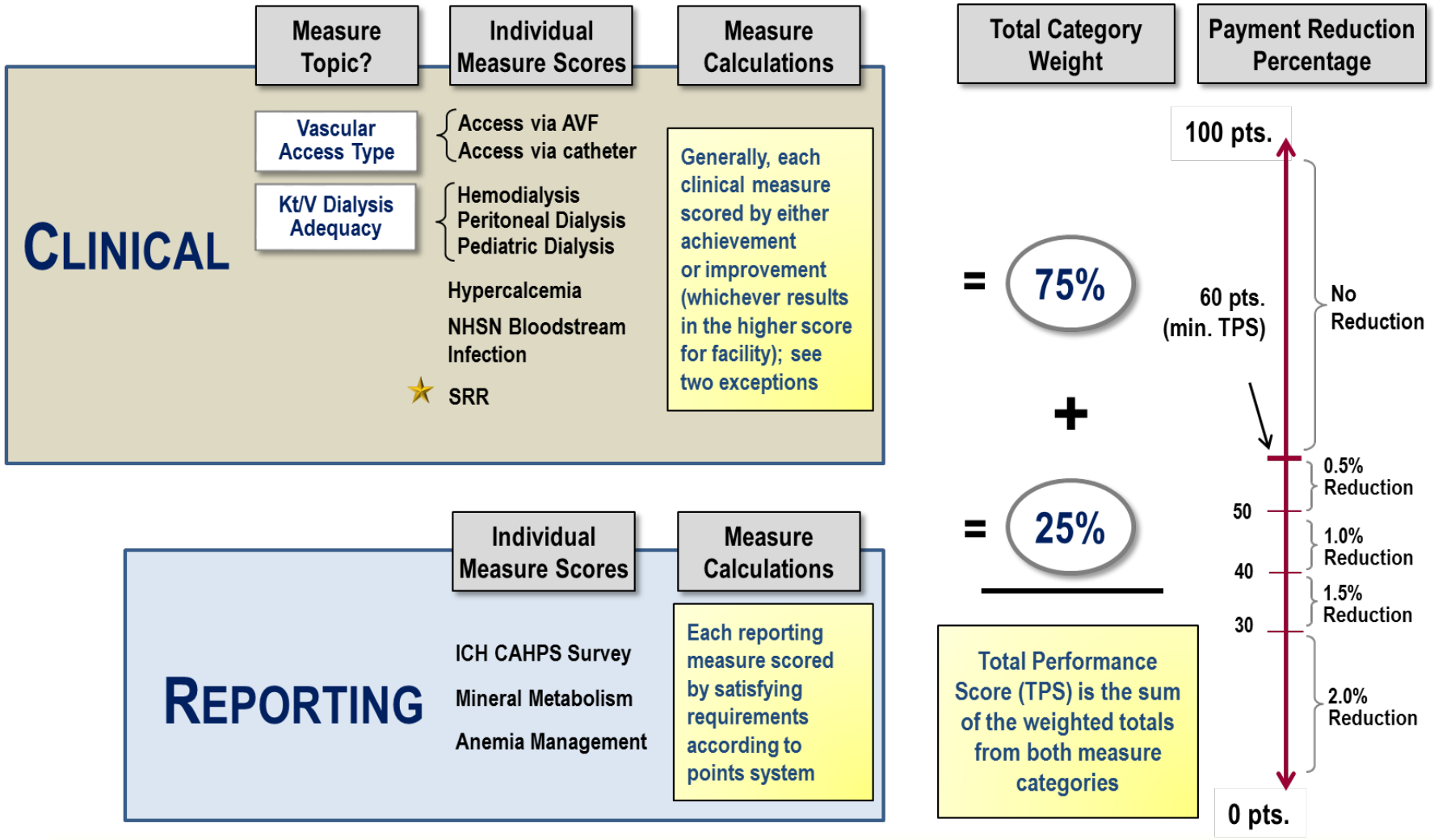
- Each clinical measure at either
  - The national performance standard for 2013 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2017 performance period (January 1, 2015); and
- Each reporting measure at 10 points (the 50th percentile of facility performance on the PY 2015 reporting measures)

The minimum TPS for PY 2017 is 60 points

Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
100 – 60 points	0%
59 – 50 points	0.5%
49 – 40 points	1.0%
39 – 30 points	1.5%
29 – 0 points	2.0%

PY 2017 Scoring and Payment Reduction Methodology



PY 2018 Clinical Measures and Scoring

Presenter:

Joel Andress

PY 2018 Final Measures: Overview

★ new measure for PY 2018

Safety Subdomain – 20% of Clinical Measure Domain score

1. NHSN Bloodstream Infection

Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score

★ 1. ICH CAHPS
2. Standardized Readmission Ratio

Clinical Care Subdomain – 50% of Clinical Measure Domain score

★ 1. Standardized Transfusion Ratio
2. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
3. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
4. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
★ 5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Peritoneal Dialysis
6. Vascular Access Type Measure Topic – AVF
7. Vascular Access Type Measure Topic – Catheter ≥ 90 days
8. Hypercalcemia

Reporting Measures

1. Mineral Metabolism
2. Anemia Management
★ 3. Pain Assessment and Follow-Up
★ 4. Clinical Depression Screening and Follow-Up
★ 5. NHSN Healthcare Personnel Influenza Vaccination

Clinical Measures Unchanged from PY 2017

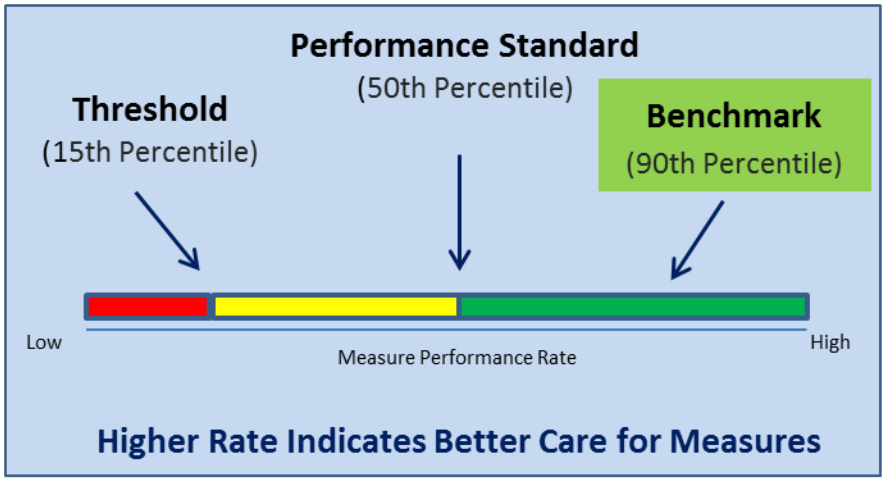
- NHSN Bloodstream Infection
- Three measures of Kt/V Dialysis Adequacy measure topic
- Both measures of VAT measure topic
- SRR
- Hypercalcemia

New Clinical Measures

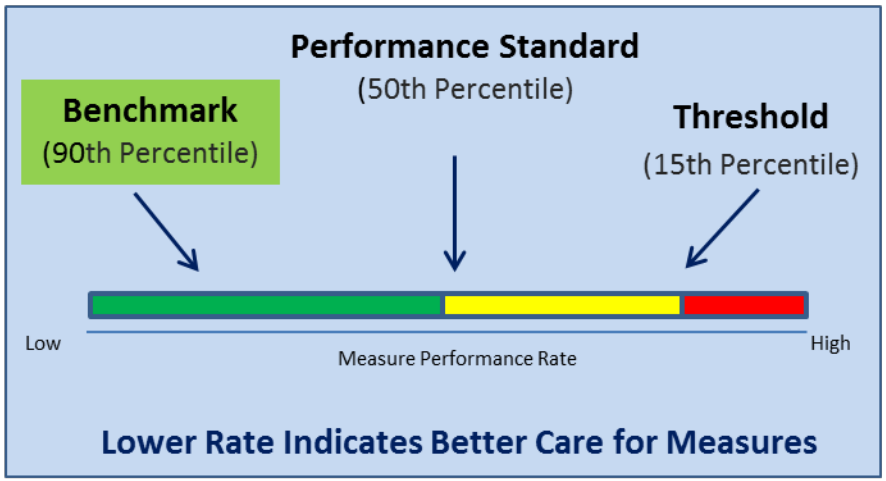
- **ICH CAHPS Survey** (using the same survey administration and reporting requirements as the reporting measure in PY 2017): Percentage of patient responses to multiple testing tools
- **Standardized Transfusion Ratio (STrR):** Ratio of the number of observed eligible red blood cell transfusion events occurring in patients dialyzing at a facility to the number of eligible transfusions that would be expected from a predictive model that accounts for patient characteristics within each facility
- **Pediatric Peritoneal Dialysis** (part of the Kt/V Dialysis Adequacy measure topic): Percent of pediatric peritoneal dialysis patient-months with Kt/V greater than or equal to 1.8 (dialytic + residual) during the performance period

Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (all)
- VAT – Fistula
- ICH CAHPS



- VAT – Catheter
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- STrR



Clinical Measures: Key Scoring Terms

Term	Definition
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Benchmark	The 90th percentile of performance rates nationally during CY 2014
Improvement Threshold	The facility's performance rate during CY 2015
Performance Period	CY 2016
Performance Standard (clinical measures)	The 50th percentile of performance rates nationally during CY 2014
Performance Rate	The facility's raw score, based on specifications for each individual measure

Achievement and Improvement Scoring Methods

Achievement Score: Points awarded by comparing the facility's rate during the performance period (CY 2016) with the performance of **all facilities nationally** during the comparison period (**CY 2014**)

- Rate better than or equal to benchmark: 10 points
- Rate worse than achievement threshold: 0 points
- Rate between the two: 1 – 9 points

Improvement Score: Points awarded by comparing the facility's rate during the performance period (CY 2016) with **its previous performance** during the comparison period (**CY 2015**)

- Rate better than or equal to benchmark: 10 points (per achievement score)
- Rate at or worse than improvement threshold: 0 points
- Rate between the two: 0 – 9 points

Clinical Measure Scoring Exception

ICH CAHPS Survey

- Uses CY 2015 as the comparison period for achievement and improvement scoring alike
- Scored on the basis of three composite measures and three global ratings
- Each composite measure/global rating scored via achievement and improvement methods, with facilities receiving the better result
- Scores on the six components will be averaged to form the measure score

PY 2018 Reporting Measures and Scoring

Presenter:

Tamyra Garcia

Continuing Reporting Measures

- **Anemia Management reporting measure unchanged from PY 2017**
- **Mineral Metabolism reporting measure modified from PY 2017:** Facilities may report either serum phosphorus or plasma phosphorus to comply with this measure

New Reporting Measures

- **Pain Assessment and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2016, and once before February 1, 2017
- **Clinical Depression Screening and Follow-Up:** Report in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2017
- **NHSN Healthcare Personnel (HCP) Influenza Vaccination:** Submit Healthcare Personnel Influenza Vaccination Summary Report to NHSN (according to the specifications of the Healthcare Personnel Safety Component Protocol) by May 15, 2016; performance period October 1, 2015 – March 31, 2016

Reporting Measure Scoring

- Mineral Metabolism and Anemia Management scoring unchanged from PY 2017
- Pain Assessment and Follow-Up modified to formula:

$$\left[\frac{\left(\begin{array}{c}\text{\# patients for whom facility reports}\\ \text{1 of 6 conditions during the first 6 months}\end{array}\right)}{(\text{\# eligible patients in the first 6 months})} + \frac{\left(\begin{array}{c}\text{\# patients for whom facility reports}\\ \text{1 of 6 conditions during the second 6 months}\end{array}\right)}{(\text{\# eligible patients in the second 6 months})}\right] \div 2$$

- Clinical Depression and Follow-Up modified to formula:

$$\left[\frac{\left(\begin{array}{c}\text{\# patients for whom}\\ \text{facility reports 1 of 6 conditions}\end{array}\right)}{(\text{\# eligible patients})}\right]$$

- NHSN Healthcare Personnel Influenza Vaccination
  - 10 points for satisfying performance requirements

PY 2018 Methods for Calculating the TPS and Determining Payment Reductions

Presenter:

Tamyra Garcia

Calculating the Clinical Measure Domain Score (1 of 3)

Scoring Example: Facility A

Clinical Measure	Measure Score
NHSN Bloodstream Infection (BSI)	8
ICH CAHPS	9
SRR	9
STrR	10
Dialysis Adequacy measure topic	10
Vascular Access measure topic	9
Hypercalcemia	10

Reporting Measure	Measure Score
Mineral Metabolism	8
Anemia Management	8
Pain Assessment and Follow-Up	10
Clinical Depression Screening and Follow-Up	10
NHSN HCP	10

Safety Subdomain formula

(NHSN BSI) x 10

Patient and Family Engagement/ Care Coordination Subdomain formula

((.666 x [ICH CAHPS]) + (.334 x [SRR])) x 10

Clinical Care Subdomain formula

((.14 x [STrR]) + (.36 x [Dialysis Adequacy measure topic score]) + (.36 x [Vascular Access measure topic score]) + (.14 x [Hypercalcemia])) x 10

Calculating the Clinical Measure Domain Score (2 of 3)

Safety Subdomain formula

$$8 \times 10 = 80$$

Patient and Family Engagement/ Care Coordination Subdomain formula

$$(.666 \times 9 + .334 \times 9) \times 10 = 90$$

Clinical Care Subdomain formula

$$(.14 \times 10 + .36 \times 10 + .36 \times 9 + .14 \times 10) \times 10 = 96.4$$

Calculating the Clinical Measure Domain Score (3 of 3)

Clinical Measure Domain Score formula

(.2 x [Safety Subdomain score])
+
(.3 x [Patient and Family Engagement/ Care Coordination Subdomain score])
+
(.5 x [Clinical Care Subdomain score])

Scoring Example: Facility A

Subdomain	Subdomain Score
Safety	80
Patient and Family Engagement/Care Coordination	90
Clinical Care	96.4

Clinical Measure Domain Score example for Facility A

16 + 27 + 48.2 = 91.2

Calculating the Facility Total Performance Score

- **Weighting of Clinical Measures**:
  - Each clinical measure or measure topic for which a facility receives a score weighted according to subdomain to comprise 90% of the TPS
- **Weighting of Reporting Measures**:
  - Each reporting measure for which a facility receives a score is equally weighted to comprise 10% of the TPS
- **Facilities will receive a TPS as long as they receive a score for at least one clinical measure *and* one reporting measure**
- **Facilities can obtain a TPS of up to 100 points**

Calculating the Minimum TPS

The minimum TPS will be calculated by scoring:

- Each clinical measure at either
  - The national performance standard for 2014 or
  - Zero for each measure that does not have an associated numerical value for the performance standard published before the beginning of the PY 2018 performance period (January 1, 2016); and
- Each reporting measure at the 50th percentile of facility performance on the PY 2016 reporting measures

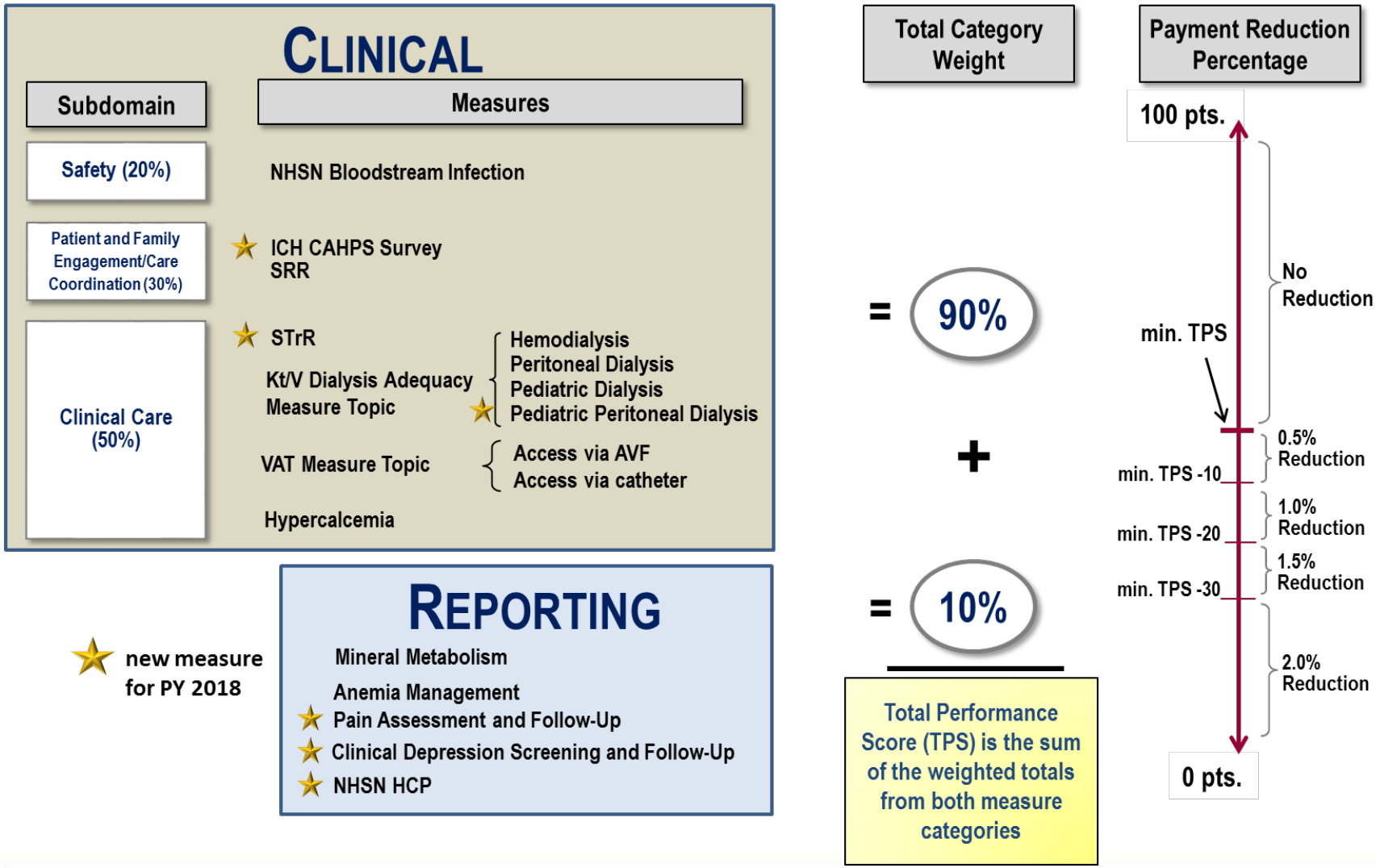
Data for calculating the minimum TPS not yet available

The finalized minimum TPS will be published in the CY 2016 ESRD PPS final rule

Payment Reduction Scale

Facility Total Performance Score	Payment Reduction
Minimum TPS or greater	0%
1 – 10 points below Minimum TPS	0.5%
11 – 20 points below Minimum TPS	1.0%
21 – 30 points below Minimum TPS	1.5%
More than 30 points below Minimum TPS	2.0%

PY 2018 Scoring and Payment Reduction Methodology



Also Included in the Final Rule . . .

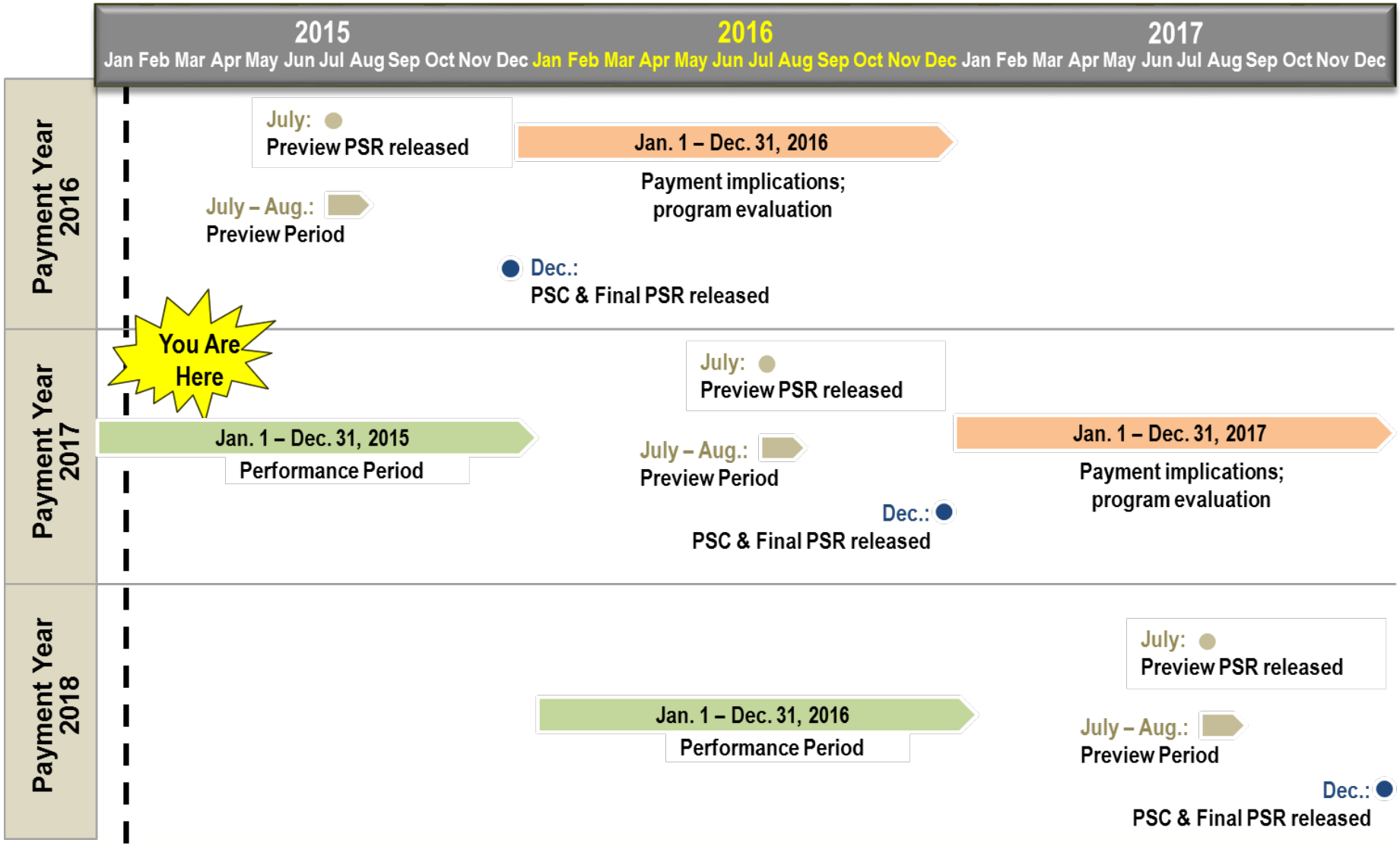
- **Topped-out measures**
  - Proposed criteria for removing/replacing a topped-out measure to align with Hospital Value-Based Purchasing program
    - ❖ 75th and 90th percentiles of facility performance are statistically indistinguishable
    - ❖ Truncated coefficient of variation is ≤ 0.1
  - A topped-out measure will be retained if it addresses the unique needs of a subset of the ESRD population
- **Data Validation**
  - Continuing pilot data-validation program
  - Proposed NHSN validation study
- **Monitoring Access to Dialysis Facilities**
- **Extraordinary Circumstances exception**

Resources and Next Steps

Presenter:

Brenda Gentles

Upcoming ESRD QIP Milestones



Resources: Websites

- **CY 2015 ESRD PPS Final Rule (includes ESRD QIP PY 2017 – PY 2018 Final Rule)**
  - www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26182.pdf
- **CMS ESRD QIP**
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **Technical Specifications for PY 2017 and PY 2018 ESRD QIP Measures**
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html
- **ESRD Network Coordinating Center (NCC)**
  - www.esrdncc.org
- **Dialysis Facility Compare**
  - www.medicare.gov/dialysisfacilitycompare
- **Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**
  - www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

Next Steps

- Make sure your facility has posted its PY 2015 PSCs in English and Spanish
- Read and comment on PY 2019 Proposed Rule when posted (early July)
- Review PY 2016 Preview PSR when available (mid-July) and submit any clarification questions or a formal inquiry
- Join us for National Provider Calls discussing the PY 2019 Proposed Rule and PY 2016 Preview Period when scheduled (summer)
- Review PY 2016 Final PSR when available (mid-December)
- Post PY 2016 PSCs—in both English and Spanish— when available (mid-December)

Question & Answer Session

ESRDQIP@cms.hhs.gov

A Message from the CMS Provider Communications Group

Presenter:

Aryeh Langer

Evaluate Your Experience

- Please help us continue to improve the MLN Connects™ National Provider Call Program by providing your feedback about today's call.

- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.

Thank You

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